

Concussion is bad for business: the care is not there.

1. Overview

My name is John Hennessy. In the 1980s I was the first AFL Corporate Planner, working on the establishment of a national competition, including ground rationalisation, relocation of the Swans to Sydney and the Brisbane team. More recent positions have included Corporate Planning Manager for Toyota Australia and private consulting in change management in both private and public sectors.

2. Concussion

I regard my presentation today as a truth-telling exercise. Australia has been a world leader in public health. Sport generates significant health benefits for the community. After a baby is born, the mantra is 'protect the head'. A person's brain is still developing until their late 20s and is vulnerable. However some collision sports have excessive risk. *Please note the majority of sports-related concussions go unreported.* They are often not taken seriously. That is why it is called 'the silent killer': You may feel OK, but you are not.

Concussion is a preventable disease but TBI (concussion and CTE) is now the number one problem for collision sports around the world. TBI is associated with greatly increased risk of neurodegenerative disease including *early onset* dementia, alzheimers, parkinsons, MND and CTE (and suicide): these diseases are not curable. A number of recent studies (including Boston University) have concluded contact sport athletes are *at least* 68 times more likely to develop CTE than the general population. A second concussion soon after the first can be permanently disabling. Boston University also studied brains of former NFL players: 92% had chronic CTE. Less than 1% in the general population has CTE. 30% of concussions have ongoing symptoms. Auckland Univ (NZ) has found less than half of patients recover within 2 weeks after a sports related TBI. Professor Willie Stewart (Glasgow) states footballers are facing 'phenomenal risks' from neurodegenerative disease. Enough! In terms of public health significance, sports-related TBI can be compared to the national road toll in Australia.

In the USA, the numbers playing NFL-style tackle football since 2006 has dropped by 60% to 3.4 million in 2021. Conversely, the number playing Flag (non-tackle) football, America's fastest growing sport, is now 7 million. The reason for this dramatic shift: awareness of Traumatic Brain Injury. Every State in the USA has sports concussion legislation. Tackle football has **23 times** the number of high severity head impacts vs Flag football. As a result, TBI in contact sport in the USA is **DECLINING** significantly. Flag football is a game for all people. The NFL is aiming to have Flag included in the 2028 Los Angeles Olympics.

Yes, there is a concussion crisis in Australia, a sport-obsessed country, where AFL and rugby are key unifying anchors of the community. About 20% of Australians participate in contact sports. About 1.5 million Australians participate in AFL and rugby codes. It is not possible to remove all risk from these sports, but it can be minimised. That has yet to occur. In 2021, 63% of career ending injuries in the AFL were due to concussion. **In Australia, concussion is the most common injury in Australian Football (AF) and it's getting worse.**

In Australia, by age 16, 20% of children will have sustained a concussion (Murdoch). In Australia, AF and rugby have some of the highest Traumatic Brain Injury (TBI) rates in the world in team sports (5-10 times higher than soccer, basketball, cricket, netball). In these football codes a key aim of the sport is to hit the opponent with as much force as possible. So, can we please not debate about the risks of playing these football codes. The primary focus should be on caring for the players and minimising the risk: prevention is better than cure. We don't need to do further research before taking long overdue, tough decisions.

3. AFL Business

AFL is the most watched sport in Australia. AFL corporate income (not including the clubs) in 2022 was \$944 million, of which \$338 million was distributed to the 18 clubs. The AFL Players Association income was \$85 million. (Retired AFL players, over half of whom have long term injuries, received about \$1 million). TV rights have increased massively from \$156million pa in 2011 to \$642million pa from 2025. Commercially, the AFL wins the Gold medal. In return, there is a price to pay. The AFL needs to ensure the public appeal of AFL is maximised. The public loves the speed, power and skill of the game. The embedded **culture** of the AFL Commission/administration is to protect the brand, protect the game. It

comes at a tremendous cost. The lives of some players are being destroyed. The AFL tinkers at the edges a lot but only pays lip service to the protection of the health and well-being of players. At the end of the day, there are trade-offs and player care has to be sacrificed. We all watch, but we don't see. The daily news cycle crowds out the sacrifice. TBI/concussion is seen as a **threat** that will dilute the public appeal of the sport and be very costly. *It is not good for business.* So it has to be 'managed' very carefully with a lot of spin and control.

You may have heard of AFL Fantasy football? Four recent quotes from AFL leaders: which are spin (2) and which are true (2)?

- 'The health and safety of players at all levels of the game is the AFL's key priority and we take concussion extremely seriously'
- 'The AFL is committed to world-leading management of head trauma in sport. We have had a conservative approach, putting players health first'.
- 'The most important thing is that people are playing and watching AFL'.
- 'We will continue to use the Consensus Statement to inform further work into concussion management'.

4. AFL Lack of Care

The AFL has a conflict between maximising the entertainment value of the sport and a duty of care to the health of participants. Unfortunately, the record of the AFL over the last 20 years in managing the health and well-being of players has been extremely poor. There has been gross negligence. There has been an absolute lack of leadership. There has been a lot of spin and misrepresentation. Real care for players has not been there, as demonstrated by the following:

- **Concussion is increasing:** After 20 years of AFL intervention on concussion ('expert' research, testing, rule changes, governance structures etc) the rate of TBI is rising across the sport. *Something is wrong.* The model of high profile sport managing player health has not worked. AFL funded research has been a total and embarrassing disaster over the last 20 years. It has not been able to meet its fundamental obligation on its duty of care for players. The AFL Commission should have resigned long ago. The only reason it has not is because it is accountable to no one.
- A recent five year Monash University study has found the brains of Australian footballers are still recovering 12 days after they are concussed. Many are returning to play from concussion with high levels of damaged brain cells, even though they feel fine. This really puts them in the danger zone. The absence of regular testing is a real issue. *The care is not there.*
- **Current deterrents/sanctions for misconduct are not sufficient to change player behaviour** (Leigh Matthews). Shoulder charges, head high hits and sling tackles are happening continuously. As the 2023 AFL season has already demonstrated it is still the Wild West on the field. In the AFL competition, penalties for actions that cause TBI usually attract penalties of 0-3 weeks. The NRL penalties are much higher at 5-8 weeks. Some AFL players are now calling for the 'sin bin' to be used in AFL matches to reduce TBI. Some AFL coaches are calling for the bump to be banned. Only when sanctions impact on match results will behaviour change. *The care is not there.*
- **No match safe rules for juniors:** TBI incidents in AFL football generally are increasing rapidly. At the junior level they are rising very rapidly, doubling in the past decade. Medical experts are calling for change. Junior players look at senior AFL matches on TV for their role models. Australian football has the highest rate of hospitalisations of any team sport in Australia. Concussion is the number one cause. AFL game guides say juniors are 'tackle ready' at 11 years of age. In the USA, Prof Benet Omalu, a concussion expert, says that allowing children to play collision sports is child abuse (the intentional exposure of a child to the risk of injury). We don't let them smoke or drink. Adults who played a full contact sport before the age of 12 have shown earlier impairments in later life. There is no reason for children to play adult forms of contact sport (Chris Nowinski, USA CLF). We need to demonstrate an abundance of caution for children. *The care is not there.*
- **No safe protocols for women and children:** Many recent studies of concussion and TBI have found that women and children face up to double the risk of concussion and brain injuries and take up to twice as long to recover from incidents. However, the AFL return to play protocols are the same for all players. The AFL has not addressed the issue. *The care is not there.*
- **Little care for retired players:** Over half of all retired AFL players have long term injury problems. Many of these past players have serious mental health issues and fall through the large cracks of the

meagre support provided for them by the AFL system. There is no effective safety net for past players with significant injuries. In total, the AFLPA outlays about **\$1 million** pa supporting the health and well-being of 5,000 past players. There is no workers compensation (only first world nation to not have any), no TPD insurance scheme for past players, many of whom are not able to be employed. There is no income protection. Many do not want to go back into the AFL system to admit they have major problems and to seek help. Patrick Bines, a WCE rookie, suffered a hit to the back of his neck in 2019. After 20 spinal surgeries his life was hell and he contacted Assisted Dying Victoria. No help was provided by the AFL system. Wives are saying 'my kids don't understand there's something wrong with Dad's brain, which has changed the way he is'. *The care is not there.*

- They say many professional sportspeople die twice, the first time at retirement. The AFL Industry Mental Health and Well-being Strategy (2020) does not include retired players in its scope. *The care is not there.*
- The AFL has a shameful and catastrophic history of concussion management and research: **The player care has just not been there:**
 - For decades the slogan for concussion management has been 'if in doubt sit them out'. Over this time the AFL has been very reactive and slow to accept the link between AFL head collisions and CTE. It was saying **the link between sport related concussion and CTE remains tenuous.**
 - It has become a funder and controller of concussion research in Australia and has been very influential internationally. The Consensus Statements by the Concussion in Sport Group (CISG) have been sport-driven and very open to scepticism. The International Journal of Medical Ethics in 2023 has reviewed the CISG and CSCS statements and said they remain the object of ethical and sociocultural criticism. They recommend responsibility for concussion in sport should be accompanied by regulatory empowerment. Also the introduction of independent medical assessments and diagnoses would be welcomed.
 - A number of major AFL concussion studies over the last 20 years have been managed by people whose methodologies have been challenged by specialists in the field. The AFL has funded research and controlled the player recruitment, testing processes and reporting: participants have to sign non-disclosure agreements and sometimes have been denied access to AFL players.
 - The former AFL concussion advisor Paul McCrory has been attacked by many in the profession for not having conducted any original research in concussion, and that his only original research was in the area of acupuncture. Many concussion experts have stated he misrepresented previous research to fulfil a predetermined agenda, being that concussion is not a serious injury, has no long-term effects and there is no evidence that any form of dementia is related to repeated head trauma in the game. Imagine poor Professor Steve Haake (Sheffield) in the UK reading a British Medical Journal article about concussion and recognising all his own words as plagiarised by Paul McCrory! Dr Rowena Mobbs said sporting bodies' failure to produce evidence-based return to play protocols equated to a "dark chapter in Australian sport. We have lost a generation of children to unsafe protocols'.
 - Repeated stories of AFLs research into the long term effects of concussion on former players producing no results. Announcement of \$3m collaboration with Florey Institute, but Quinn could only find receipts for a few hundred thousand dollars. *The AFL apologised to 550 past players who were tested for wasting their time.* Many players are now saying the AFL has let them down re concussion testing and no feedback. The AFL has apologised to past players who had been 'let down' by a lack of governance and resources.
 - Michael Makdissi (now AFL Chief Medical Officer) managed a 2009 study that excluded almost 40% of concussions including 2 players who retired due to head knocks. Allegations of selective reporting were made.
 - Associate Professor Alan Pearce, a neurologist, signed research contracts with the AFL, but has stated the research was 'worthless' due to the AFL's attitude: his progress was hindered and not supported.
 - Daniel Venables (WCE): at 19 an AFL match concussion 'destroyed his life' (quote from father). The AFL stated his case shows its protocols are working in that the player has retired and cannot risk further injury by returning to the field. (Amazing comment!)
 - Shaun Smith: the AFL treats knees with more respect than it treats brains.

- After this Senate Inquiry was established, the AFL announced further research is needed and that it would commit \$25m for *another* longitudinal study over 10 years. This is UNBELIEVABLE! Prof Adam Finkel (USA) describes the AFL plan as pernicious (ie. destructive, deceitful).
- Some AFL clubs are now recommending players take out trauma insurance. They want all players in the competition covered by the AFL. It would cost about \$5m pa. A growing number of clubs have set up concussion working parties in the belief they cannot rely on the AFL to protect them.
- Several AFL coaches are now saying ban the bump: the AFL has warned U19 coaches against speaking out on contentious issues such as the bump.
- All these people (above) cannot be wrong. **There is a major problem.** The system does not generate sufficient care for players. Paul Marsh and Kristen Hilton (AFLPA) have said recently the AFL had too often prioritised its own brand, commercial and performance issues over people.
- This all sounds a bit like Big Tobacco: falsely denied, distorted and minimised the link between cigarette smoking and disease.

The lesson from the above? Peak sporting bodies of high profile collision sports have a conflict of interest and cannot manage major health issues in their sport. It is not their priority. They aim to maximise the public appeal of their sports at the expense of player care. The dollar wins. The AFL is accountable to no-one. Best practice concussion protocols may help those who are concussed but they are not going to head off the growing prevalence of CTE in sport. It should be noted that Australian football is in long term decline. Many community clubs are closing down and soccer and basketball now have many more players than AFL football. This was not the case in 1990. In coming years many more parents will not want their children playing high risk sports. To save the game, the AFL must adapt: 'Save the player, save the game'. Let's ask the question: With all the money in the sport why have the players been left behind?

5. **The solution (not difficult if the care is there)**

- Professor Mark Cook: In future some of our favourite sports will need to look very different. To reduce concussion children need to stop playing sports that involve banging heads together.
- In AFL, sanctions for 'non-football actions' need to be radically increased so they impact match results.
- Introduce a comprehensive Concussion Management System including Scan Testing at the start and end of each season and after each concussion for all players (including draftees and Academies), a National Concussion Registry, a Concussion Passport and independent doctors at matches. We have a concussion crisis but the lack of a national TBI data base is hampering stakeholder awareness.
- Concussion in professional sport needs to be recognised as an industrial injury by legislation.
- Stop sport funding and controlling medical research into TBI.
- Establish a national sports health and safety Commission to ensure the system works as it should, including quantifiable annual targets to reduce concussion (tied to funding).

6. **Summary**

Currently Australia is lagging the world in TBI management in collision sports. It is a major blemish on our public health record. The sports in Australia that cause a high proportion of the TBI problem are AFL and rugby: self-regulation by these sports of player health has not been successful. The AFL is accountable to no-one and cannot be trusted on player care. TBI/concussion is seen as a threat that will dilute the appeal of the game. In reality, if you can minimise the risk of TBI/concussion you will be saving the sport. Prevention is better than cure. Unfortunately, for most neurological disorders caused by football there is no cure. The long term cost to the community of sports-related TBI/concussion is phenomenal. Australia can be a world leader in sports TBI/concussion management but to do that it will need a vision and structure that will deliver. History tells us it will not happen if the peak bodies of collision sports are in the driving seat. This Senate Inquiry now has a great opportunity to make a major contribution to public health in Australia.

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Concussion research full of 'inadequacies' League sorry as 550 players 'let down' Barnes' fury: 'Admit we have an issue'

AFL 'FEARCE'

JON RALPH

A FURIOUS John Barnes has labelled the AFL's apology to past players over a bungled concussion research program as "farce".



Former Geelong and Essendon player Barnes is one of the lead plaintiffs in a positional concussion lawsuit as he battles epilepsy, he believes is the result of repeated AFL head knocks.

Project with AFL expert Paul McCrory's research and clinical care program at the Forey Institute. The AFL apologised on Tuesday after its official review found "inadequacies" in the program, which produced no research to progress concussion care or clinical help to the generation of players battling symptoms who undertook the study.



The program found that 50 players needed further assessment for their symptoms but due to confusion surrounding the program, it was not clear how many were ever helped.

It came as AFL concussion campaigner Peter Less assessed the review as a "complete embarrassment" after it refused to make the case between head knocks and degenerative brain disease CTE - on the same day America's leading medical research group made that definitive link.

Barnes, who needs his wife to watch him in the shower in case he has a seizure, said the league's apology was meaningless. "An apology is missing in the wind," Barnes said. "The horse has bolted." This has been a farce from the start. "I want the AFL to come out and talk to the people affected. How is your life, how are you impacted? "I am going home where my wife has to watch me shower or cook. "It's BS what is going on. "It's time for the AFL to have some balls and admit we have an issue. "How would the families of Shane Tuck and Danny Fraw-

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SERENA'S COY RETURN

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